PTO-SEAT (0.4-0)
Approved for use through 04/30/2000, Robe 86/31/31/31
U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information untests at Equipment of the Commerce of the

"FEE ADDRESS" INDICATION FORM

Address to: Mail Stop M Correspondence Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-6500
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SBI/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
Customer Number: 36645	
OR	
The attached Request for Customer Number (PTO/SB/125) form,	
PATENT NUMBER (if known)	APPLICATION NUMBER
	10/692,456
Completed by (check one):	
Applicant/Inventor	
	Signature
Attorney or Agent of record 33,549	JOHN L. ROGITZ
(Reg. No.)	Typed or printed name
Assignee of record of the entire interest, See 37 CFR	3.71. (619) 338-8075
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Requester's telephone number	
Assignee recorded at Reel Frame	MAY 15, 2008
Date	
NOTE: Signatures of all the inventors or assignass of record of the antire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.	
* Total of *forms are submitted.	

This collection of information is required by 37 CPR 1388. The information is required to obtain or read in bound by the policy which is the figured by the USFD to proceed in an operation of confidence in administration of the Computer of

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.